

APPLICATION FOR COPY OF VITAL RECORD

Number of copies requested: _____ Certified (\$10.00 each): _____ uncertified copy (\$0.25): _____

Birth Certificate

Full Name on Birth Certificate: _____

Date of Birth: _____

County of Birth: _____

Name of Father: _____

Full Maiden Name of Mother: _____

Death Certificate

Name of Deceased: _____

Date of Death: _____

County of Death: _____

Marriage Certificate

Name of Applicant 1: _____

Name of Applicant 2: _____

Date of Marriage: _____

Your relationship to the record you are requesting: (Check One)

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> Self | 5. <input type="checkbox"/> Parent/Step-parent | 8. <input type="checkbox"/> Other (for non-family use only) |
| 2. <input type="checkbox"/> Spouse (Current) | 6. <input type="checkbox"/> Grandparent/Grandchild | |
| 3. <input type="checkbox"/> Brother/Sister | 7. <input type="checkbox"/> Authorized agent, attorney or legal representative | |
| 4. <input type="checkbox"/> Child | of the person listed in 1-6 (proof is required) | |

I hereby certify that all the above information is true to the best of my knowledge. Note: It is a felony violation of North Carolina Law (G.S. 130A-26A) to make a false statement on this application or to unlawfully obtain a certified copy of a birth certificate.

Signature of Person applying for Certificate

Printed Name of Person Applying for Certificate

Street Address

Date

City, State and Zip Code

Telephone Number

Office Use Only:

Volume _____

Page _____

Amount Received: \$ _____

Identification furnished: _____